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54 A complete glucose monitoring system with an implantable, telemetered sensor module.

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Description

BACKGROUND OF THE INVENTION

This invention relates to glucose monitoring by means of an implantable sensor module having a transcutaneous telemetering ability.

Diabetes mellitus is treated with injections of insulin in order to counter the inability of the pancreas to manufacture and secrete insulin in response to elevated glucose levels. For this treatment to be effective, it is necessary to be able to monitor the glucose concentration in the body so as to specify the appropriate amount and time of administration of insulin. This requires a device for measuring glucose levels in the body. Thus, considerable research has been expended to develop an effective implantable glucose sensor.

A considerable number of implantable glucose sensors are premised on the so-called "enzyme electrode." The enzyme electrode consists of an immobilized enzyme that catalyzes a chemical reaction involving glucose and oxygen which can be readily monitored. Generally, the enzymatic reaction involves the catalytic conversion of glucose to gluconic acid with simultaneous consumption of oxygen. The enzyme responsible for this action is glucose oxidase. The decrease in oxygen is measured by an amperometric oxygen electrode.

Several implantable glucose sensors are presently available. For example, Bessman et al. in U.S. Patent No. 4,431,004 describes a method and apparatus for determining glucose content by sensing the absolute level of oxygen concentration in the blood, and correcting the output differential measurement indicative of the glucose content according to the absolute level of oxygen. In addition, the Bessman et al. device compensates for temperature fluctuations in the body by having a thermistor included in the electrosystem. U.S. Patent No. 4,458,686 of Clark describes a subcutaneous method of measuring glucose in bodily fluids. Glucose oxidase is injected beneath the dermis where it reacts with glucose, and in the process consumes oxygen. The resulting decrease in oxygen is sensed by a transcutaneous electrode placed over or near the injection site. The byproducts of the catalytic reaction, gluconic acid and hydrogen peroxide diffuse away from the site, and then are removed by the blood stream.

In addition to the implantable glucose sensors mentioned above, there also exist several devices that are suitable for detecting glucose *in vitro*, but have severe limitations when used *in vivo*. For example, Hicks et al. U.S. Patent No. 3,542,662 describes a dual electrode system having an enzyme-containing membrane disposed between a fluid bead assay and a first oxygen sensor elec-

trode, and a similar membrane not containing enzymes disposed between a fluid and second reference electrode. Oxygen diffuses through the enzyme-containing membrane and is consumed in an equal molar reaction with glucose catalyzed by glucose oxidase. Consequently, oxygen is unavailable for detection by the oxygen sensor electrode. The second oxygen sensor electrode measures the concentration of oxygen existing in the absence of the enzyme-catalyzed reaction. Thus, the difference in oxygen levels detected by the two electrodes is proportional to the glucose concentration. While this sensor works adequately *in vitro*, *in vivo* the device is unreliable in that it does not function adequately in low-oxygen environments.

GB application 1394171 discloses a "fuel cell" for use in *in vivo* and *in vitro* procedures to test glucose levels which consists of two electrodes housed in a permeable membrane. However, because the housing membrane allows for relatively free transmission of oxygen, water and glucose in proportion to the ambient concentrations of each, the fuel cell requires a relatively amply supply of oxygen to perform accurate measurements. As a result, the cell will not function adequately in low-oxygen environments.

At present there does not exist an implantable glucose sensor suitable for detecting glucose in regions of the body where oxygen concentrations are lower than glucose concentrations. However, Fisher and Abel in "A Membrane Combination for Implantable Glucose Sensors, Measurements in Undiluted Biological Fluids" (Trans. Am. Soc. Artif. Intern. Organs, Volume XXVIII, 1982), have approached the problem by fabricating an oxygen electrode sensor that has disposed about its working face a hydrophobic layer in contact with an enzyme layer. The hydrophobic layer has a minute hole that is aligned with the oxygen electrode sensor beneath it so as to allow predominantly access of glucose to contact the enzyme layer directly above the oxygen electrode. The hydrophobic layer is composed of material that is predominantly permeable to oxygen, and not glucose. Thus, oxygen diffuses into the enzyme layer at all points across the surface of the hydrophobic layer whereas glucose diffuses in only through the hole in the hydrophobic layer. While this design effectively establishes a stoichiometric excess of oxygen over glucose in a region of the enzyme layer, it has several unattractive features. First the small amount of enzyme disposed for action on glucose entering the minute hole tends to become inactivated in a relatively short time. Moreover, because glucose entry is restricted to a hole in the hydrophobic membrane, the range of glucose concentrations detectable is narrow.

An additional desirable feature of a glucose monitoring system that is not presently available is a telemetry capability that would transcutaneously transmit data relevant to the glucose levels present in the body to an apparatus outside the body capable of continuously monitoring the user's status.

Transcutaneous telemetry systems having implantable electrode modules are known in the art. For example, there are pacemakers available which, when implanted and connected to the heart, can monitor electrocardial activity through electrodes attached to the pacemakers. The electrodes function as electropotential sensors, and the pacemakers include interface circuitry which buffers the sensor signals, formats them, and transmits the formatted signals by way of a bi-directional RF communication link to an external communication module. The telemetered signals are monitored and processed through the external module.

Further, it is known in the art to provide for enablement of two or more functions within implanted devices. For example, the implantable pacemakers can be programmed to switch electrode functions from passive electrocardial monitoring to active electrical stimulation. The switching of function can be implemented by means of a command transmitted to the implanted device from the external module via the RF link. Programmable circuitry in the implanted device alters electrode function in response to the commands. In this regard, see U.S. Patent No. 4,550,732 of Batty, Jr. et al. and U.S. Patent No. 4,571,589 of Slocum et al.

However, at present, there are no systems that include the means to transcutaneously monitor physiochemical processes in the body. Such systems would be very useful in the glucose-monitoring example given above.

SUMMARY OF THE INVENTION

An implantable electrochemical glucose monitoring system is described that functions in tissues or fluids of the body with different oxygen concentrations and which permits measuring glucose over a range of concentrations therein. The system utilizes two oxygen sensors situated in a tandem relationship within a housing. The first oxygen sensor is unaltered and is positioned behind the second oxygen sensor. The second oxygen sensor contacts glucose oxidase, which is impregnated in a membrane and disposed about the sensor. Both oxygen sensors are recessed in the housing and communicate with bodily fluids wherein they measure an oxygen content differential in the bodily fluids. The housing is connected to electronic circuitry, linked by a communication channel to an

external unit outside the body. The differential oxygen measurement is amplified and then transmitted by the circuitry to the external unit.

BRIEF DESCRIPTION OF THE DRAWINGS

References are made herein below to the drawings, which illustrate various embodiments of the invention and, in which:

Figure 1 is an illustration of an oxygen sensor;

Figure 2 is an enlarged presentation of the oxygen sensor shown in Figure 1;

Figure 3 depicts first and second oxygen sensors situated in a catheter;

Figure 4 schematically represents the second oxygen sensor situated in the catheter and recessed from the tip thereof, and reveals the presence of a glucose oxidase-membrane surrounding the electrode sensing region of the sensor;

Figure 5 shows a second embodiment wherein the first and second oxygen sensors are situated in a bilumen catheter.

Figure 6 is a block diagram illustrating the electronics interface of the invention.

Figure 7 is an illustration of assembled internal electronics connected to a catheter containing oxygen sensors.

Figure 8 is a flow diagram illustrating a sample sequence performed by the electronics of Figure 6.

DETAILED DESCRIPTION OF THE INVENTION

It is important to note that while the present invention will be described as applied to determining concentrations of glucose in bodily fluids, particularly fluids containing a large stoichiometric excess of glucose over oxygen, that the monitoring system described herein is not limited to ascertaining glucose and oxygen. Indeed, it will be easily understood by those skilled in the art that it is readily applicable to detect other molecules such as amino acids, lactate, ammonia, or the like commonly found in bodily fluids that are substrates for oxidase enzymes and that require the presence of a gaseous species to undergo enzymatic conversion. It is also appreciated that the system may be readily applied to monitoring substances in bioreactor vessels or similar environments.

The glucose monitoring system suitable for implantation will now be described with reference to the figures. It consists of a housing, having situated therein two oxygen sensors. Figures 1 and 2 depict the oxygen sensors, 10, 12, while Figure 3 shows the sensors situated in housing 14. A catheter is the preferred housing, as it allows facile implantation of the device. Moreover, a catheter made of

material that is permeable to oxygen and relatively impermeable to glucose is desirable. Since the conversion of glucose to gluconic acid is limited by whichever chemical, glucose or oxygen, is present in lowest concentration, in order to have the device function adequately over a wide range of glucose concentrations, oxygen must be at least stoichiometrically equal to glucose in the enzyme region. Thus, by having a catheter which hinders the rate of entry of glucose, but permits access of oxygen to the interior of the catheter, an effective means of varying the concentration of oxygen relative to that of glucose is provided.

The two oxygen sensors 16 and 18 situated in the housing 14 shown in Figure 3 exhibit a tandem relation, and both of the sensors are recessed from the tip 19 of the catheter. The first oxygen sensor 16 is unaltered and is situated behind the second oxygen sensor 18. The first oxygen sensor 16 measures ambient oxygen, while the second sensor 18 measures a lower level of oxygen arising from the consumption of oxygen in the oxidation of glucose in the enzymatic reaction described infra. Figure 4 reveals that in order to realize a decrease in oxygen brought about by the oxidation of glucose, the oxygen sensor used to detect glucose dependent oxygen levels, for example 18, has disposed about its working regions a gelatinous layer 22 or membrane made of hydrophilic material. This layer contacts the working electrode area of the oxygen sensor. Contained within, or associated with the gelatinous material 22 is an enzyme, glucose oxidase, and optionally a second enzyme, catalase. The latter enzyme is useful to decompose hydrogen peroxide generated in the oxidation of glucose. Catalase catalyzes the following reaction:

Hydrogen Peroxide Oxygen + Water

The sensor 16 that measures oxygen independent of glucose concentrations can have a similar membrane disposed about its working region but lacking glucose oxidase or catalase.

Materials useful for preparing the gelatinous layer 22 include polyacrylamide gels, glutaraldehyde-cross-linked proteins, particularly collagen or albumin, polyhydroxyethylmethacrylate, and its derivatives, and other hydrophilic polymers and copolymers. The layer can also be constructed of cross-linked glucose oxidase, or other enzymes with chemical cross-linking reagents. The materials and methods used for preparing the gelatinous layer are described in U.S. Patent 4,484,987, which is incorporated herein by reference.

It is important to note that the sensitivity and response time of the implantable monitoring system can be altered simply by varying the amount

of electrode surface area of the second oxygen sensor, as well as the thickness of the hydrophilic membrane 22 surrounding the sensor. Additionally, Figure 4 shows that a layer of material containing glucose oxidase 22 can be disposed in front of, as well as around, the hydrophobic layer 24 which allows the user to optimize the sensitivity and response time of the system depending on the oxygen and glucose environments in which it is implanted.

Figure 2 shows that oxygen sensors 12 exhibit a three electrode design having a working electrode 26, a counter electrode 28, and a reference electrode 30. The working and counter electrodes 26 and 28, respectively, are generally fabricated from a noble metal, while the reference electrode 30 can be a standard silver/silver chloride electrode. The electrode assembly is mounted in electrically insulating material 32, such as glass, epoxy or the like, but leaving an exposed working face. The exposed regions of the three electrodes are positioned so as to prevent direct physical contact with each other; in addition, they may be sheathed. Hollow fibers 34 are suitable for optional sheathing the electrodes. Alternatively, the electrode assembly is coated with a hydrated gel or the like, particularly, poly(2-hydroxyethylmethacrylate) so as to provide an aqueous environment for electrolytic communication. Lastly, the electrode assembly may be coated with a hydrophobic polymer (such as 20) to inhibit access of polar solutes to the electrode.

As stated above, the second oxygen sensor, for example 18 of Figure 4, exhibits a hydrophobic membrane that is permeable to oxygen but relatively impermeable to glucose. In addition to containing glucose oxidase, the membrane has similar permeability properties as that described for the catheter 14. That is, it retards the rate of glucose but not oxygen entry to the working region of the sensor electrodes. This effectively raises the oxygen concentration relative to glucose concentration, ensuring adequate enzymatic substrates. Also, as alluded to above, depending on the relative concentrations of oxygen and glucose that the monitoring system is implanted into, the first oxygen sensor, for example 16 of Figure 2, may, or may not have a hydrophobic membrane about the three electrode assembly. The reason for having the hydrophobic membrane about the first electrode in some instances is that, in addition to effectively increasing the oxygen concentration accessible to the electrodes, it also acts as a barrier to contaminants which can disrupt oxygen detection at either the first or second sensors.

The hydrophobic membrane associated with the second sensor, and perhaps the first sensor, is made up of oxygen permeable material such as

polydimethylsiloxane, polymers of tetrafluoroethylene or its fluor-chloro analogs alone or as copolymers with ethylene or propylene, polyethylene, polypropylene, cellulose acetate, and other oxygen-abiding polymeric materials. The method of making the membrane as well as its physical properties are described in U.S. Patent 4,484,987.

The three electrode assemblies of either the first and second oxygen sensors communicate with implanted telemetry electronics by lead wires that are attached to the electrodes.

A second embodiment of the subject invention is shown in Figure 5. The sensor design shown in Figure 2, and the other materials described above, are favorably employed here. However, the first 36 and second 38 oxygen sensors are situated in a bilumen catheter 40 in lieu of a single lumen catheter. In this embodiment, the first 36 and second 38 oxygen sensors occupy a substantially parallel spaced relationship to one another. Both oxygen sensors are recessed in the catheter. Disposed about the active sensing region of the second oxygen sensor 38, and in communication with the hydrophobic layer 41 about the three electrode assembly, is a hydrophilic membrane 42 containing glucose oxidase as described above. The first oxygen sensor 36 as described above for the single lumen catheter may or may not exhibit a hydrophobic membrane about the three electrode assembly. If the bilumen catheter 40 is implanted in a region of the body where it is likely to encounter cellular debris, or the presence of substances that interfere with the detection of oxygen, a hydrophobic membrane 44 may be favorably disposed about the first oxygen sensor inasmuch as it will effectively retard the substances from contacting the electrode assembly of the sensor.

Electronic processing and telemetering is employed in connection with the above-described sensors, which is useful for buffering the electrical signals developed by the sensors, processing the sensor signals for transmission, and communicating the buffered, processed signals via a telemetry link to an external monitoring unit. The electronics necessary for the buffering, processing, and telemetering functions is illustrated in Figure 6. In Figure 6 the cutaneous barrier separating the interior and exterior of a body is illustrated by reference numeral 80. A set of internal electronics 82 are shown to the left of the skin barrier 80. It is understood that the internal electronics are contained in a module implanted under the skin of a body. It is further understood that the internal electronics are connected to a catheter containing oxygen sensors described above. To the right of the barrier 80, outside the body in which the internal electronics 82 are implanted, is an external unit 84.

With regard to the electronics 82, which are implanted in a body for oxygen and glucose monitoring, it will be understood that the actual physical implementation of the electronic functions to be described can be realized through well-known techniques of hybridization and miniaturization. Therefore, it is to be understood that the internal electronics 82 can be manufactured in a miniature size suitable for being received in a module described below, for being implanted in a body. The internal electronics 82 include a pair of potentiostat amplifiers (A) 86 and 87 which are useful for maintaining a set potential between a pair of electrodes and measuring a current generated by one of the electrode pairs after setting the potential. The internal electronics further include an analog multiplexer (MUX) 89, a timing and control unit (TCU) 91, a battery 93, a high-quality voltage regulator (Vr) 94, a voltage-controlled oscillator (VCO) 96, an RF transmitter (XMT) 98, and an antenna 99. Associated with the TCU 91 is a magnetically-controlled, reed switch 101 which selects one of three operating modes of the implanted electronics 82.

Potentiostat amplifiers such as 86 and 87 are well-known in the art, and a description of one will suffice for a description of both. Therefore, with respect to the potentiostat amplifier 86, three input leads, each connected to an electrode, are provided, and are indicated by 102, 103, and 104, respectively. The input lead 102 is connected to a working electrode attached to a sensor as described hereinabove. The lead 103 attaches to a reference electrode, while the lead 104 attaches to a counter electrode. As is known, the working electrode provides a current having an amplitude corresponding to the chemical process catalyzed by the sensor attached to it. The reference electrode provides a calibrated reference voltage for operation of the amplifier 86, while the counter electrode provides a return path, corresponding essentially to the ground lead for the amplifier 86. As is known, the amplifier 86 can provide up to three signals, each being provided on a respective one of the output signal leads 106, 107, and 108. The amplifying action of the amplifier 86 is essentially that of a current-to-voltage amplifier, the operation of which is well-understood in the art. The amplifying action converts the signal current from the working electrode on lead 102 into an amplified voltage value. This value is provided on the signal lead 106. In addition, the potentiostat amplifier 86 has the capability of providing the reference voltage on signal line 103 that is produced by the reference electrode. This voltage value is provided on the signal line 107. Finally, the amplifier 86 has the capability of providing, on signal output lead 108, the differential voltage measured between signal lines 102 and 103. The amplifier 86 also has a two-

state gain characteristic. In this regard, the amplification gain employed in the conversion of the working electrode current to the voltage on signal line 106 can assume one of two values, depending upon the signal input to the gain select (G) port of the amplifier 86. This signal is provided as a control output signal from the TCU 91. In the preferred embodiment, the second gain characteristic of the amplifier 86 is ten times the value of the first gain characteristic. Thus, when the signal on the gain select port of the amplifier is switched from the low to the high value, the amplitude on the signal line 106 increases by a factor of 10.

For clarity in the discussion which follows, the amplified voltage on signal line 106 is denoted as VA (for "amplified voltage"), the voltage on signal line 107 is denoted as V_{ref} , while the signal on signal line 108 has the mnemonic V_w .

The potentiostat amplifier 87 is identical to the amplifier 86, with the exception that the working and reference leads are connected to electrodes that are distinct from the electrodes connected to the corresponding leads of the amplifier 86. However, the amplifier 87 is also connected to the counter electrode that is coupled to the amplifier 86. In the preferred embodiment, the working electrodes connected to the amplifiers 86 and 87 are differentiated as described above. In this regard, for example, the working electrode of the amplifier 86 can consist of a non-catalyzed oxygen sensor of the type described above, while the working electrode of the amplifier 87 can consist of an enzyme-containing oxygen sensor of the type described above. As is known, the process being monitored can be quantified by processing the difference in the currents generated by the working electrodes. Therefore, the principal function of the internal electronics 82 is to transform the working electrode currents into signals that are suitable for transmission through the skin barrier 80 to the external unit 84. The external unit 84 measures the difference, and provides a visible indication of the measurement.

To complete the description of the amplification functions of the amplifier 87, an amplified voltage signal, representing the current on the working electrode attached to the amplifier 87 is provided on signal lead 110, the reference voltage value on signal lead 111, and the differential voltage measured between the working and reference electrodes is output on signal lead 112.

The output signal leads from the amplifiers 86 and 87 are connected to the MUX 89, which consists of a conventional analog multiplexer having a plurality of input ports $I_0 - I_5$, an input selection port array (SEL), and an output port O. The output port is connected to output signal lead 114. Selection of an input port to be connected to the output port O

is conventionally determined by the signal provided to the SEL port of the MUX 89.

The TCU 91 is composed of conventional digital timing and control circuitry and has the principal functions of determining the gain of the amplifiers 86 and 87, and the selection of an input port. The TCU 91 can consist of, for example, a conventional programmed logic array (PLA) or other programmable circuit programmed to cycle through a predetermined state sequence that will cause all possible combinations of amplifier gains and input port selections to be effected during completion of a major cycle. In addition, the TCU 91 is configured to run in two or more modes in response to signals from the magnetic reed switch 101. The magnetic reed switch 101 is conventional and consists of a magnetically-actuated switch implanted in close proximity to the skin barrier 80, where its contact configuration is set by the influence of a magnet brought into close proximity with the switch, the magnetic field extending through the skin barrier 80 to effect switch-setting. Such an arrangement is conventional, and reference is given to U.S. Patent No. 4,361,153 for an understanding of it.

Also input to the MUX 89 is the positive electrode (denoted as $V+$) of the battery 93, and the output port (V_{reg}) of the high-precision voltage regulator 94. A conventional thermistor 113 is connected to an input port of the MUX 89 to provide an indication of internal body temperature. Finally, connection is also provided between the counter electrode and the MUX 89.

The output signal lead 114 of the MUX 89 is fed to the VCO 96, whose output is, in turn, connected to the transmitter 98. As is conventional, the voltage present at the output port, conducted to the VCO 96 on signal lead 114, determines the frequency of oscillation of the VCO 96. The adjustable frequency of the VCO 96 is used to modulate an RF carrier output by the transmitter 98, which is broadcast through the skin barrier 80 by the antenna 99. The RF transmitter and VCO are gated on by a control output from the TCU 91 in order to reduce the power consumed by the internal electronics 82.

The external unit electronics 84 consist of a pick-up antenna 120 connected to an RF receiver (RX) 122, which detects and demodulates the carrier transmitted by the transmitter 98 included in the implanted module. The demodulated signal produced by the RX 122 is fed to a conventional processor 124 which converts the demodulated signal into an output signal suitable for driving an output graphics device. For example, the output graphics device can comprise a recorder 126 configured for recording the variations in amplitude of a current (I) over time.

A schematic of the physical management of the implantable portion of the electrochemical system of the invention is illustrated in Figure 7. The internal electronics 82 are sealed in a biocompatible resin which is impermeable to moisture and formed into a smooth module 125 having a rounded profile to facilitate its use as an implant. Leads are brought out of the module which allow connection to a sensor catheter 126 and to the antenna 128. The lithium cell is contained in the electronics module.

The communications scheme can conventionally be converted to allow an infrared, or passive RF link. As is known, these are typically short range systems. However, an infrared link would theoretically allow a much higher data bandwidth than is possible with a passive RF link. A conventional passive link can involve an inductive communications scheme based upon creation of a strong magnetic field modulated by the transmitter 98. It will be evident to those skilled in the art that such a passive RF scheme will require appropriate shielding for the electronics 82 as well as shielding and filtering for the electrodes leads.

Typically, electrolyte penetration of the moisture barriers surrounding the leads extending between sensors and amplifiers can cause leakage paths for electrical signals between the leads. A particularly debilitating situation occurs when such a leakage path shunts the current from one electrode lead to another. Since very low current levels are being conducted, any error can be significant. Another undesirable effect would be the conduction of current between the reference and either the working or counter electrodes. In order to detect such problems so that appropriate actions can be taken to either replace sensors, electronics, or batteries, the system of the invention provides for monitoring more signals than just the transformed, amplified working electrode signal. By providing additional monitoring of the reference voltage amplitude, the amplitude of the differential voltage between the working and reference electrodes, and the battery, the system of the invention permits early detection of problems characteristically encountered in the implantation of electronic sensors in the human body.

In operation, the timing and control unit 91 responds to the setting of the magnetic switch 101 to assume certain operational modes. Preferably, during one such mode, referred to as the standard operating mode, the TCU 91 will generate a gain select and multiplexer port select signal sequence in synchronism with a VCO and transmitter gating sequence to sample and transmit the voltage amplitude levels input to the multiplexer 89. One such sequence is illustrated in Figure 8 where, during the period of one second, twelve discrete sampling

periods are defined. These periods are illustrated in Figure 8. Thus, in the first sampling period, the TCU 91 selects the high gain value (G_2) for the amplifiers 86 and 87. In the first period, the TCU 91 also provides a select signal that will connect the multiplexer input lead receiving the signal lead 106 to the output port of the multiplexer 89. This permits the sampling of the transformed, amplified voltage representing the current generated by the working electrode attached to the amplifier 86. At the same time, a signal turning on the VCO 96 and transmitter 98 is provided by the TCU 91; this signal is maintained throughout the sequence of Figure 8. Conventionally, the amplitude of the signal (V_{A1}) on signal lead 106 will cause the VCO 96 to assume an oscillation frequency determined by the amplitude for so long as the signal lead is connected, through the multiplexer 89, to the output signal lead 114. In the second step of Figure 7, the TCU 91 sets the lower gain value (G_1) for the amplifiers 86 and 87 and causes V_{A1} to be sampled at this value. In succession, the high gain and low gain values for V_{A2} on signal lead 110 are sampled. Next, the value of $V+$, VCTR (the value of voltage on the counter electrode), and the output of the voltage regulator 94 are sampled. Sampling of the voltage regulator output permits the signal processing done by the VCO 96 and the transmitter 98 to be calibrated. In this regard, since a known value is expected for the product of the voltage regulator 94, the external electronics 84 can calibrate the telemetry received from the implanted electronics 82 by comparing, during sample period 7 of Figure 8, the oscillation frequency of the modulating signal produced by the VCO 96 to the value expected for a voltage having the predetermined amplitude of V_{reg} . Next, the differential electrode voltage amplitudes and the reference amplitudes for the amplifiers 86 and 87, respectively, are sampled by action of the TCU 91. Finally, an indication of the internal temperature of the body within which the module of Figure 1 is implanted is obtained by sampling the output of the temperature-controlled resistor 103.

Following the sample sequence of Figure 8, the VCO 96 and XMT 98 are turned off for a period of time before another sampling sequence, identical with that of Figure 7, is undertaken. In this manner, the lifetime of the battery 93 can be extended by reducing the total call on its resources by the oscillator and transmitter, 96 and 98, respectively.

The external unit 84 obtains and indicates the glucose and oxygen concentrations in the body by determining the values of the sensor currents produced by the working electrodes attached to the amplifiers 86 and 87. This is accomplished by receipt of the signal transmitted by the transmitter 98 through the skin barrier 80 and demodulation of

the received signal by the receiver 122. The demodulated signal is fed to a processor 124, which can comprise a conventional microprocessor conventionally programmed to analyze and process the signals sampled by the internal electronics 82. In the preferred embodiment, the processor 124 is programmed to perform a five-step procedure for determining glucose and oxygen concentrations. In the procedure, the processor first calculates the bulk medium oxygen concentration from the current produced by the working electrode connected to the oxygen sensor. In this regard, the frequency of the demodulated oscillation is converted to the value of current amplitude produced by the oxygen sensor. This corresponds to processing the sample of V_{A1} . Second, the current expected from the glucose sensor at the calculated bulk medium oxygen concentration in the absence of glucose is determined utilizing a previously-determined linear calibration curve for the glucose sensor response to oxygen in the absence of glucose. In the third step, the value of the current actually produced by the glucose sensor is calculated, for example, from the value of V_{A2} , and is divided by the current calculated in step 2 from the linear calibration curve. In the fourth step, the ratio of glucose concentration to oxygen concentration in the bulk medium is determined from the value calculated in step 3 using a predetermined non-linear relationship between the glucose concentration ratio and the normalized current obtained in step 3. Finally, in step 5, the processor 124 multiplies the glucose concentration to oxygen concentration ratio of step 4 by the oxygen concentration calculated in step 1 to obtain the absolute value for the glucose concentration.

In the reduction to practice of the glucose sensing device of the invention, a dual lumen glucose monitoring catheter and an associated internal electronics module were implanted percutaneously into the femoral vein of a dog. The animal was given an intravenous injection of glucose to demonstrate the sensor's performance. A conventional graphics plotter was used to plot various ones of the parameters sampled by the internal electronics 82. The samples were obtained by conventional programmed conversion of the results of the calculations described above. It will be evident to those skilled in the art that the program of the processor 124 can include such conversion means. The output plots show the recorded current of an oxygen reference electrode, reflecting the oxygen flux from the dog's venous blood. Another plot was made indicating the glucose electrode current, or the glucose-dependent oxygen current. In a third plot, the oxygen partial pressure of the venous blood was provided as determined by calibration of the first plot against an independent blood-gas oxy-

gen measurement performed on the blood of the dog. Finally, a plot of the venous blood glucose concentration was obtained by subtraction of the currents of the first and second plots after appropriate calibration. The plot was provided both in the form of a line plot of the current from the glucose electrode and a dot plot showing the glucose concentration as determined by an independent conventional method.

Claims

1. An electrochemical system for detecting glucose and oxygen levels in fluids comprising:

a housing (14;40);

first and second sensor means (16,18;36,38) for measuring an oxygen content differential in bodily fluids, the first sensor means being unaltered and the second sensor means containing glucose oxidase (22) for oxidation of glucose; and,

electronic circuit means (82) responsive to the first and second oxygen sensor means (16,18;36,38) for providing a signal indicative of an oxygen content differential in said fluids characterized in that:

the electrochemical system is implantable into a body and capable of transmitting information about said glucose and oxygen levels in fluids or tissues therein outside said body;

the housing (14;40) comprises a hollow catheter permitting facile implantation and is oxygen permeable but hinders the rate of entry of glucose and implantable in a body;

the first and second sensor (16,18;36,38) are disposed in the housing (14;40) one behind the other and in fluid communication with fluids or in contact with tissues present in the body;

the first and second sensor (16,18;36,38) each comprise a multi-electrode assembly including a working electrode (26), a counter electrode (28) and a reference electrode (30);

the electronic circuit means is implantable, and the system further comprises:

telemetry means (98) for communicating said signal from the interior to the exterior of the body; and,

an external means (84) outside of the body and responsive to the telemetry means for connecting the oxygen content differential to glucose levels in the fluids or tissues, based upon said signal.

2. An electrochemical system according to claim 1, wherein the housing (14;40) is made of oxygen permeable material drawn from the group consisting of polydimethylsiloxane, poly-

mers of tetrafluoroethylene or its fluoro-chloro analogs alone or as copolymers with ethylene or propylene, polyethylene, polypropylene, cellulose acetate, and other oxygen-abiding polymeric materials.

3. An electrochemical system according to claim 1 or 2, wherein the catheter is a multilumen catheter and the first oxygen sensor means is disposed in a first lumen of the catheter and the second oxygen sensor means is disposed in a second lumen of the catheter.
4. An electrochemical system according to any of the preceding claims, wherein the first oxygen sensor means (16;36) comprises an electrically insulating support means (32) having its multi-electrode assembly mounted therein in a substantially parallel spaced relationship, the assembly having an active exposed working face.
5. An electrochemical system according to claim 4, wherein the second oxygen sensor (18;38) comprises an electrically insulating support means (32) having its multi-electrode assembly mounted therein in a substantially parallel spaced relationship, the assembly having an active exposed working face; and,
 - a hydrophobic membrane about the active exposed working face and in communication with a second membrane, the second membrane containing glucose oxidase therein and being accessible to the bodily fluids or tissues.
6. An electrochemical system according to claim 5, wherein the second membrane is permeable to glucose and oxygen, and is fabricated from hydrophilic materials drawn from the group consisting of polyacrylamide, cross-linked proteins, polyhydroxyethylmethacrylate and its derivatives, and other hydrophilic proteins, polymers and copolymers, thereof.
7. An electrochemical system of claim 5, wherein the hydrophobic membrane is permeable to oxygen and relatively impermeable to glucose, and is fabricated from polydimethylsiloxane, polymers of tetrafluoroethylene, or its fluoro chloro analogs or as copolymers with ethylene or propylene, polyethylene, polypropylene, cellulose acetate, and other oxygen-abiding polymeric materials.
8. An electrochemical system according to claim 1, wherein the housing (40) includes a bilumen catheter.

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9. An electrochemical system according to claim 8, wherein the first and second oxygen sensor means (36,38) are situated in different lumens of the bilumen catheter (40).

10. An electrochemical system according to any of the preceding claims, wherein the first and second oxygen sensor means (16,36;18,38) produce respective first and second sensor signals, each representative of an oxygen level in the fluids or tissues and the electronic circuit means (82) includes means for intermittently sampling the first and second sensor signals to produce said differential signal.

11. An electrochemical system according to claim 10, wherein the telemetry means (96,98) includes a voltage-controlled oscillator (96) having a frequency of oscillation determined by a sensor signal and a transmitter (98) which modulates a transmitter carrier in response to the frequency of oscillation of the voltage-controlled oscillator.

12. An electrochemical system according to claim 11, wherein the external means (84) includes demodulating means (122) for obtaining the first and second sensor signals from the transmitted carrier and programmable processing means (124) for combining the first and second sensor signals according to predetermined calibration characteristics to obtain the glucose levels.

13. An electrochemical system according to claim 4, wherein a hydrophobic membrane is disposed about the active working face.

14. An electrochemical system according to claim 13, wherein the hydrophobic membrane is permeable to oxygen and relatively impermeable to glucose, and is fabricated from polydimethylsiloxane, polymers of tetrafluoroethylene, or its fluoro chloro analogs or as copolymers with ethylene or propylene, polyethylene, polypropylene, cellulose acetate, and other oxygen-abiding polymeric materials.

Patentansprüche

1. Elektrochemisches System zum Detektieren von Glucose- und Sauerstoffpegeln in Flüssigkeiten, umfassend:
 - ein Gehäuse (14; 40);
 - erste und zweite Sensormittel (16, 18; 36, 38) zum Messen einer Differenz des Sauerstoffgehalts in Körperflüssigkeiten, wobei die ersten Sensormittel unverän-

- dert sind und die zweiten Sensormittel Glucose-Oxidase (22) zum Oxidieren von Glucose enthalten, und
- eine elektronische Schaltungseinrichtung (82), die auf die ersten und zweiten Sensormittel (16, 18; 36, 38) anspricht und ein Signal zum Anzeigen einer Differenz des Sauerstoffgehalts in den Flüssigkeiten erzeugt, dadurch gekennzeichnet, daß:
 - das elektrochemische System in einen Körper einpflanzbar ist und in der Lage ist, Informationen über die Glucose- und Sauerstoffpegel in den Flüssigkeiten oder Geweben darin nach außerhalb des Körpers zu übermitteln,
 - das Gehäuse (14; 40) ein Hohlkatheter umfaßt, das ein einfaches Einpflanzen gestattet und sauerstoffdurchlässig ist, jedoch die Eintrittsrate von Glucose beschränkt, und in einen Körper einpflanzbar ist;
 - der erste und zweite Sensor (16, 18; 36, 38) hintereinander und im Flüssigkeitsaustausch mit den Flüssigkeiten oder in Kontakt mit den Geweben, die in dem Körper vorhanden sind, in dem Gehäuse (14; 40) angeordnet sind;
 - der erste und zweite Sensor (16, 18; 36, 38) jeweils eine Mehrfach-Elektrodenanordnung mit einer Arbeitselektrode (26), einer Gegenelektrode (28) und einer Referenzelektrode (30) umfassen;
 - die elektronische Schaltungseinrichtung einpflanzbar ist, und daß das System weiterhin umfaßt:
 - Fernübertragungsmittel (98) zum Übermitteln des Signals von der Innenseite des Körpers zu dessen Außenseite; und
 - äußere Mittel (84) außerhalb des Körpers, die auf die Fernübertragungsmittel ansprechen, um ausgehend von dem Signal von der Differenz des Sauerstoffgehalts auf die Glucosepegel in den Flüssigkeiten oder den Geweben zu schließen.
2. Elektrochemisches System nach Anspruch 1, dadurch gekennzeichnet, daß das Gehäuse (14; 40) aus sauerstoffdurchlässigem Material, das der Gruppe entstammt, die aus Polydimethylsiloxanen, Polymeren von Tetrafluorethylen oder dessen Fluor-Chlor-Analoga allein oder als Kopolymere mit Ethylen oder Propylen, Polyethylen, Polypropylen, Zelluloseacetat besteht, und aus anderen sauerstoffbeständigen polymeren Materialien hergestellt ist.
3. Elektrochemisches System nach Anspruch 1 oder 2, dadurch gekennzeichnet, daß das Katheter ein Mehrkanalkatheter ist und die ersten Sauerstoff-Sensormittel in einem ersten Kanal des Katheters und die zweiten Sauerstoff-Sensormittel in einem zweiten Kanal des Katheters angeordnet sind.
4. Elektrochemisches System nach einem der vorhergehenden Ansprüche, dadurch gekennzeichnet, daß die ersten Sauerstoff-Sensormittel (16; 36) ein elektrisch isolierendes Trägermaterial (32) umfassen, an dem ihre Mehrfach-Elektrodenanordnung im wesentlichen parallel beabstandet zueinander angeordnet ist, wobei die Anordnung eine aktive, freiliegende Arbeitsfläche aufweist.
5. Elektrochemisches System nach Anspruch 4, dadurch gekennzeichnet, daß der zweite Sauerstoffsensor (18; 38) ein elektrisch isolierendes Trägermittel (32) umfaßt, an dem seine Mehrfach-Elektrodenanordnung im wesentlichen parallel beabstandet zueinander angeordnet ist, wobei die Anordnung eine aktive, freiliegende Arbeitsfläche aufweist; und
- eine hydrophobe Membran um die aktive, freiliegende Arbeitsfläche, die in Kontakt mit einer zweiten Membran steht, die Glucose-Oxidase enthält und den Körperflüssigkeiten oder -geweben zugänglich ist.
6. Elektrochemisches System nach Anspruch 5, dadurch gekennzeichnet, daß die zweite Membran für Glucose und Sauerstoff durchlässig ist und aus hydrophilen Materialien, die der Gruppe entstammen, die aus Polyacrylamiden, vernetzten Proteinen, Polyhydroxyethylmethacrylaten und ihren Derivaten besteht, und aus anderen hydrophilen Proteinen und deren Polymeren und Kopolymeren hergestellt ist.
7. Elektrochemisches System nach Anspruch 5, dadurch gekennzeichnet, daß die hydrophobe Membran für Sauerstoff durchlässig und für Glucose verhältnismäßig undurchlässig ist und aus Polydimethylsiloxan, Tetrafluorethylen-Polymeren oder deren Fluor-Chlor-Analoga oder Kopolymeren mit Ethylen oder Propylen, Polyethylen, Polypropylen, Zelluloseacetat, und aus anderen sauerstoffbeständigen Polymermaterialien hergestellt ist.
8. Elektrochemisches System nach Anspruch 1, dadurch gekennzeichnet, daß das Gehäuse (40) ein Zweikanalkatheter umfaßt.

9. Elektrochemisches System nach Anspruch 8, dadurch gekennzeichnet, daß die ersten und zweiten Sauerstoff-Sensor-mittel (36, 38) in verschiedenen Kanälen des Zweikanalkatheters (40) angeordnet sind. 5
10. Elektrochemisches System nach einem der vorhergehenden Ansprüche, dadurch gekennzeichnet, daß die ersten und zweiten Sauerstoff-Sensormittel (16, 36; 18, 38) erste bzw. zweite Sensorsignale erzeugen, die jeweils einen Sauerstoffpegel in den Flüssigkeiten oder Geweben repräsentieren, und daß die elektronische Schaltungseinrichtung (82) Mittel umfaßt zum zeitweisen Abfragen der ersten und zweiten Sensorsignale, um das Differenzsignal zu erzeugen. 10 15
11. Elektrochemisches System nach Anspruch 10, dadurch gekennzeichnet, daß die Fernübertragungsmittel (96, 98) einen spannungsgeregelten Oszillator (96) mit einer von einem Sensor-signal bestimmten Oszillationsfrequenz und einen Sender (98) aufweisen, der eine Sender-Trägerschwingung abhängig von der Oszillationsfrequenz des spannungsgeregelten Oszillators moduliert. 20 25
12. Elektrochemisches System nach Anspruch 11, dadurch gekennzeichnet, daß die äußeren Mittel (84) demodulierende Mittel (122) umfassen, um die ersten und zweiten Sensorsignale von der übertragenen Trägerschwingung zu erhalten, sowie programmierbare Verarbeitungsmittel (124) zum Verknüpfen der ersten und zweiten Sensorsignale entsprechend einer vorbestimmten Kalibrier-Charakteristik, um die Glucosepegel zu erhalten. 30 35
13. Elektrochemisches System nach Anspruch 4, dadurch gekennzeichnet, daß eine hydrophobe Membran um die aktive Arbeitsfläche angebracht ist. 40
14. Elektrochemisches System nach Anspruch 13, dadurch gekennzeichnet, daß die hydrophobe Membran für Sauerstoff durchlässig und für Glucose verhältnismäßig undurchlässig ist und aus Polydimethylsiloxan, Tetrafluorethylen-Polymeren oder deren Fluor-Chlor-Analoga oder Kopolymeren mit Ethylen oder Propylen, Polyethylen, Polypropylen, Zelluloseacetat, und aus anderen sauerstoffbeständigen Polymermaterialien hergestellt ist. 45 50 55

Revendications

1. Système électrochimique pour la détection des taux de glucose et d'oxygène dans des fluides qui comprend :
- un logement (14), (40),
 - un premier et un second moyen de détection (16, 18; 36, 38) pour la mesure d'un différentiel du contenu en oxygène dans les fluides corporels, le premier moyen de détection étant inchangé et le second moyen de détection contenant de la glucose oxydase (22) pour l'oxydation du glucose et un moyen de circuit électronique (82) sensible au premier et au second détecteur à oxygène (16, 18 ; 36, 38) pour fournir un signal indicatif d'un différentiel dans la teneur en oxygène, dans ces fluides, caractérisé en ce que : le système électrochimique est implantable dans le corps et est capable de transmettre des informations sur ces taux de glucose et d'oxygène dans les fluides ou les tissus en dedans, à l'extérieur dudit corps ;
 - le logement (14 ; 40) comprend un cathéter creux qui permet une implantation facile et qui est perméable à l'oxygène mais entrave le taux d'entrée du glucose et qui est implantable dans un corps ;
 - le premier et le second détecteur (14, 18 ; 36, 38) sont disposés dans le logement (14 ; 40) l'un derrière l'autre et en communication fluide avec les fluides ou en contact avec des tissus présents dans l'organisme ;
 - le premier et le second détecteur (16, 18 ; 36, 38) chacun comprend un assemblage à multi-électrodes comprenant une électrode de travail (26), une contre-électrode (28) et une électrode de référence (30) ;
 - le moyen du circuit électronique est implantable ;
 - et en ce que le système comprend en outre ;
 - des moyens de télémetrie (98) pour faire communiquer ledit signal de l'intérieur vers l'extérieur du corps ;
 - et un moyen externe (84) en dehors du corps et sensible aux moyens de télémetrie pour connecter le différentiel de la teneur en oxygène aux taux de glucose dans les fluides ou les tissus, basés sur ledit signal.
2. Système électrochimique selon la revendication 1 dans lequel le logement (14 ; 40) est fait

- d'un matériau perméable à l'oxygène tiré du groupe qui consiste en des polyméthylsiloxanes, les polymères de tétrafluoroéthylène et de leurs analogues fluoro-chlorés, seuls ou sous forme de copolymères avec l'éthylène ou le propylène, le polyéthylène, le polypropylène, l'acétate de cellulose, et d'autres matériaux polymères qui retiennent de l'oxygène.
3. Système électrochimique selon la revendication 1 ou 2, caractérisé en ce que le cathéter est un cathéter à plusieurs lumières et le premier moyen de détecteur d'oxygène est disposé dans une première lumière du cathéter et le deuxième moyen de détecteur d'oxygène est disposé dans une seconde lumière du cathéter.
 4. Système électrochimique selon l'une des revendications précédentes, caractérisé en ce que le premier moyen de détecteur d'oxygène (16 ; 36) comprend un moyen de support isolant électriquement (32) ayant son assemblage de multi-électrodes monté dans celui-ci dans une relation disposée essentiellement d'une manière parallèle, l'assemblage ayant une face qui fonctionne exposée active.
 5. Système électrochimique selon la revendication 4, caractérisé en ce que le deuxième détecteur à oxygène (18 ; 38) comprend un moyen de support isolé électriquement (32) ayant son assemblage multi-électrodes monté dans celui-ci, dans une relation disposée d'une manière essentiellement parallèle, cet assemblage ayant une face qui fonctionne exposée active; et une membrane hydrophobe autour de la face en fonctionnement exposée active et en communication avec une seconde membrane, la seconde membrane contenant dans celle-ci de la glucose oxydase et étant accessible aux fluides corporels ou aux tissus.
 6. Système électrochimique selon la revendication 5, caractérisé en ce que la seconde membrane est perméable au glucose et à l'oxygène et est fabriquée à partir de matériaux hydrophiles tirés du groupe qui consiste en le polyacrylamide, les protéines réticulées, le polyméthacrylate d'hydroxyéthyle et ses dérivés et d'autres protéines, polymères et copolymères hydrophiles de ceux-ci.
 7. Système électrochimique selon la revendication 5, caractérisé en ce que la membrane hydrophobe est perméable à l'oxygène et est relativement imperméable au glucose, et est fabriquée à partir de polydiméthylsiloxane, des polymères de tétrafluoroéthylène ou ses analogues fluorochlorés ou sous forme de copolymères avec l'éthylène, ou le propylène, le polyéthylène, le polypropylène, l'acétate de cellulose, et d'autres matériaux polymères qui retiennent l'oxygène.
 8. Système électrochimique selon la revendication 1, caractérisé en ce que le logement (40) comprend un cathéter à deux lumières.
 9. Système électrochimique selon la revendication 8, caractérisé en ce que le premier et le second moyen de détection de l'oxygène (36, 38) sont situés dans des lumières différentes du cathéter (40).
 10. Système électrochimique selon l'une des revendications précédentes, caractérisé en ce que le premier et le second moyen de détecteur d'oxygène (16, 36 ; 18, 38) produisent des signaux respectifs du premier et du second détecteur, chacun représentatif d'un taux d'oxygène dans les fluides et les tissus et le moyen du circuit électronique (82) comprend des moyens pour prise d'échantillon d'une manière intermittente des signaux du premier et du second détecteur pour produire le signal différentiel.
 11. Système électrochimique selon la revendication 10, caractérisé en ce que le moyen de télémétrie (96, 98) comprend un oscillateur qui régule le voltage (96) ayant une fréquence d'oscillations déterminée par un signal de détecteur et un transmetteur (98) qui module un vecteur de transmetteur en réponse à la fréquence d'oscillation de l'oscillateur commandé par le voltage.
 12. Système électrochimique selon la revendication 11, caractérisé en ce que le moyen extérieur (84) comprend un moyen de démodulation (122) pour obtenir les signaux du premier et du second détecteur à partir du support transmis et du moyen de traitement programmable (124) en combinant les signaux des premiers et seconds détecteurs selon les caractéristiques de calibrage prédéterminé pour obtenir les taux de glucose.
 13. Système électrochimique selon la revendication 4, caractérisé en ce qu'une membrane hydrophobe est disposée autour de la face de fonctionnement active.
 14. Système électrochimique selon la revendication 13, caractérisé en ce que la membrane

hydrophobe est perméable à l'oxygène et relativement imperméable au glucose et est fabriquée à partir de polydiméthylsiloxane, de polymères de tétrafluoroéthylène ou de ses analogues fluorochlorés ou sous forme de copolymères avec l'éthylène ou le propylène, le polyéthylène, le polypropylène, l'acétate de cellulose, et d'autres matériaux polymères qui retiennent l'oxygène.

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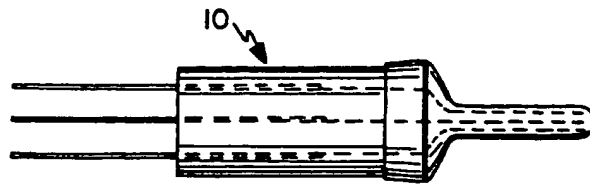


FIG. 1

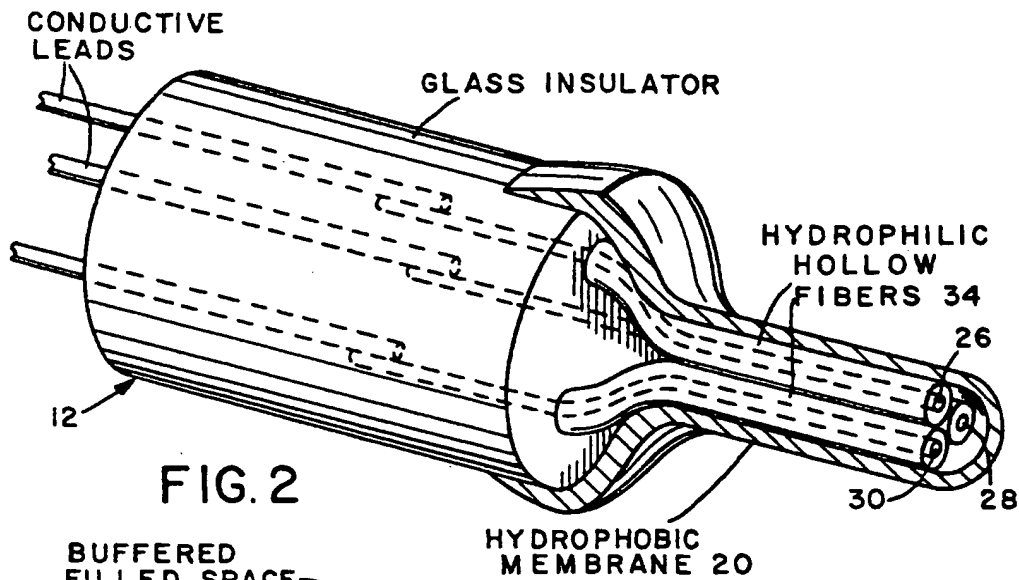


FIG. 2

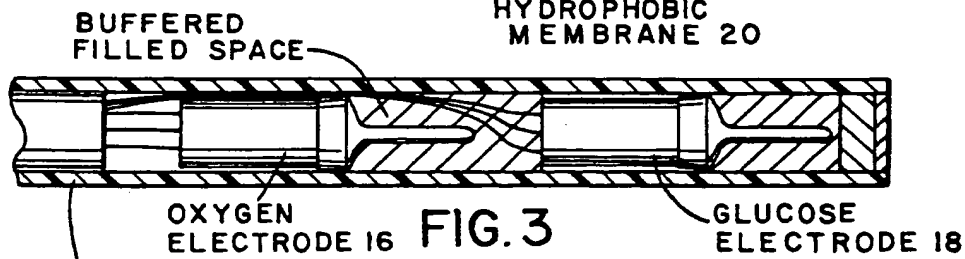


FIG. 3

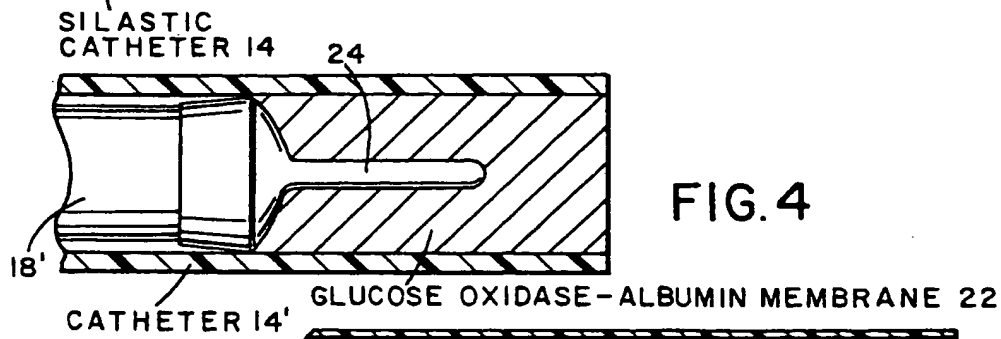


FIG. 4

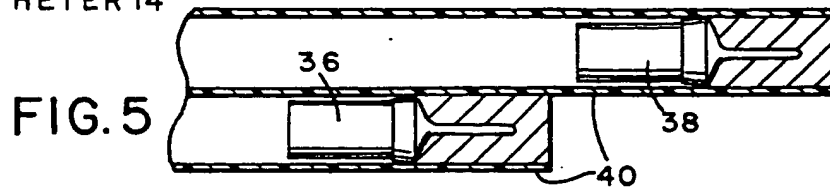
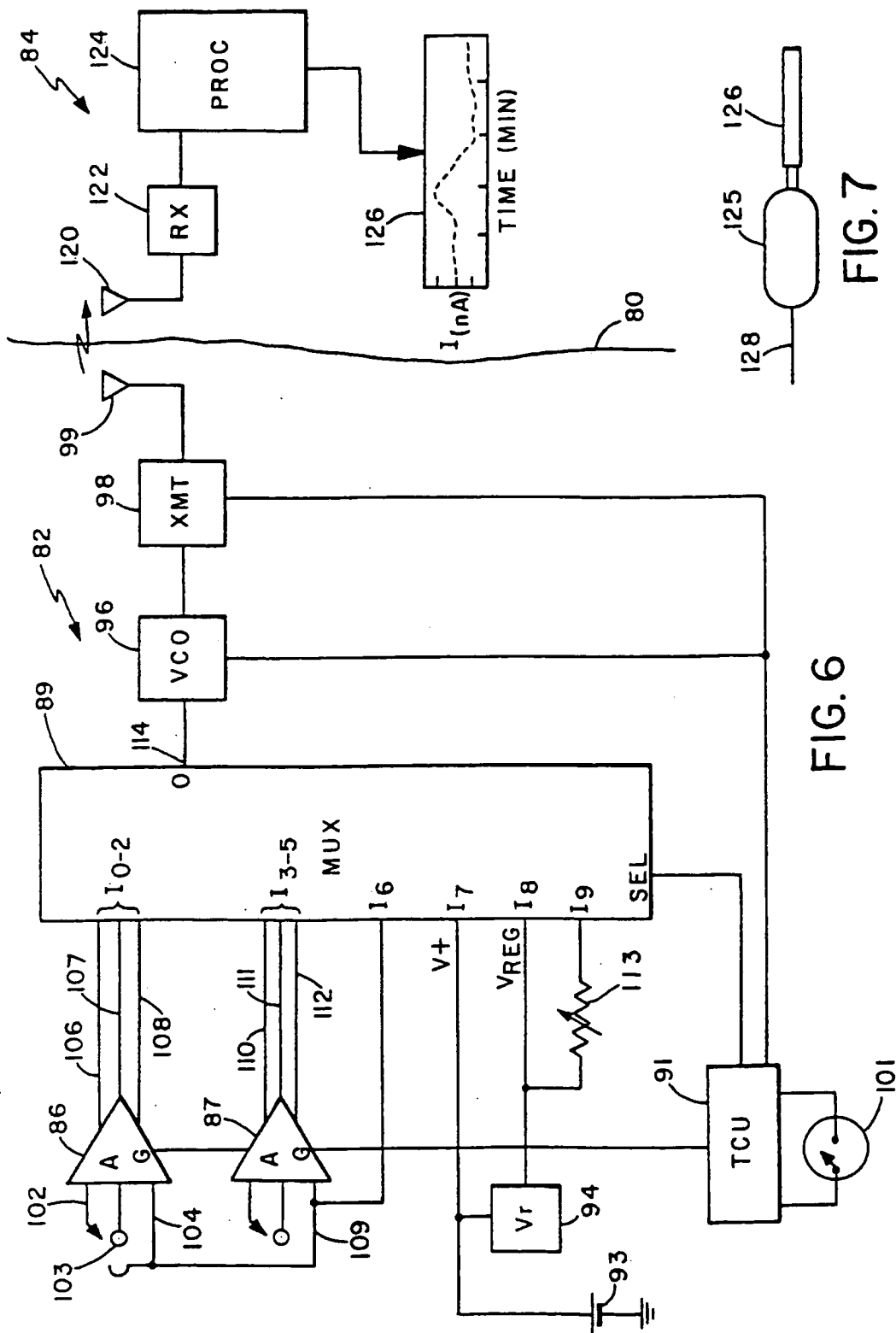


FIG. 5



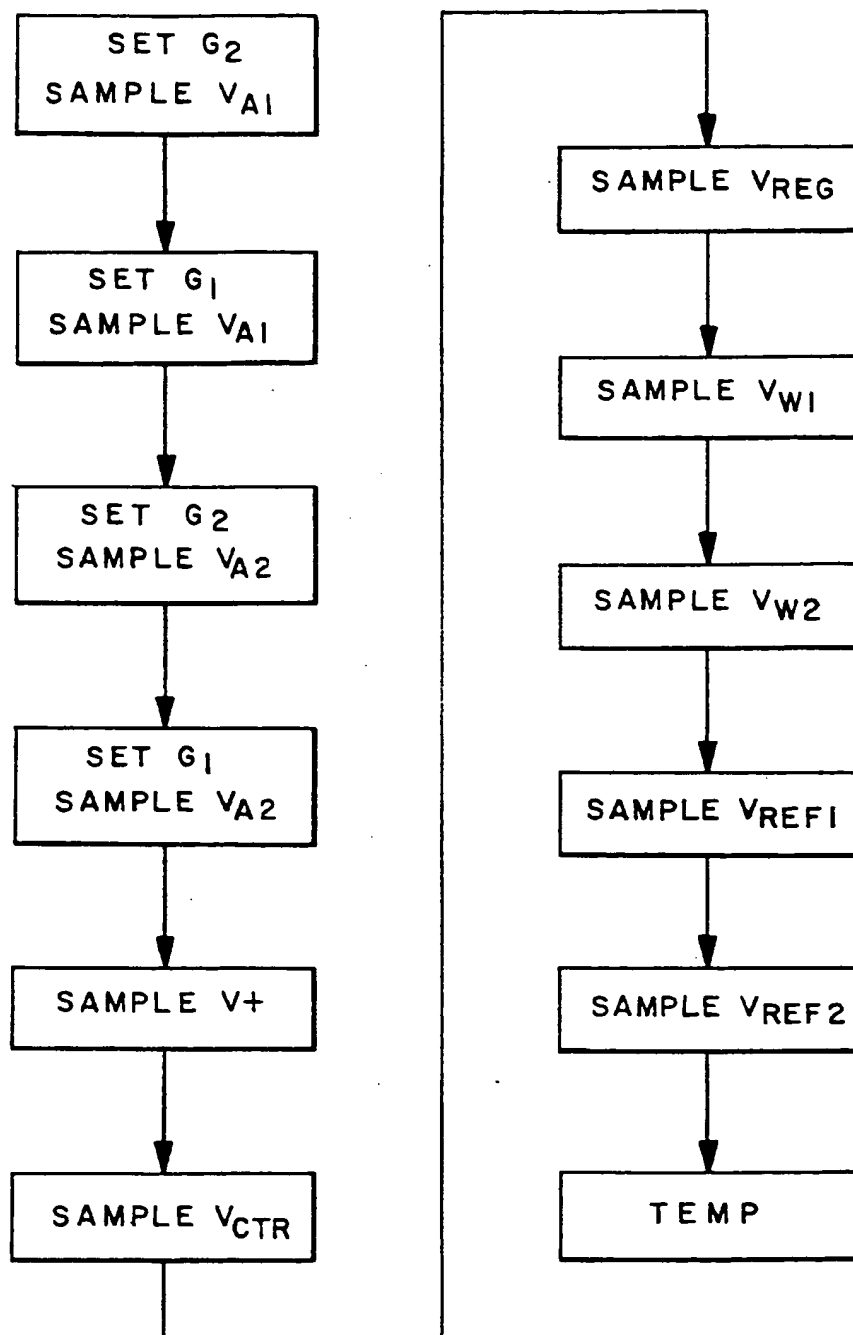


FIG. 8